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THE MORAL AND LEGAL RESPONSIBILITY OF NURSES IN THE PURCHASE AND PRESCRIBING OF MED- ICINES

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WHETHER the science of good living be discussed under the caption "ethics," or such lines of thought are styled "moral philosophy," is of small moment; but that the conclusions by which we are to be led and which are intended to be helpful, shall be reached through the use of wisdom gained by the thumping experiences of ourselves and of those who have preceded us is important; yea, more than important: it is vital. We should be guided by wisdom weighed with absolute exactness and without the tiniest misleading weight or misunderstood counterpoise that might possibly be named self-interest, self-advancement, personal ease or personal convenience, rendering the value of such wisdom solely dependent upon its power to uplift the better humanity,—God's images,—and making life's pathways less stony.

No one, in this instance, could more sensibly feel the delicacy of his position than I do, and no one would sooner withdraw from it, who has a desire quite so strong and quite so sincere to help a profession to which he is under special obligation and for which he has unbounded respect, because of the much it has already done to comfort and relieve,—a profession that must live and grow and still further embellish society.

There cannot possibly be anything like individual sensitiveness in a discussion of this kind; only the vicious will wince, since principles, not personalities, will serve as themes. It will be well for us to remember that, no matter what may be our opinion regarding the origin of mankind, we are all agreed that the beginning was extremely humble; wanting much in knowledge, in discretion, and in better judgment. And the fact that we have, even in this remote day of our own living, attained to but small heights must make us generously charitable to ourselves as well as to others, and lead us to realize that the little power we have, at last, to discriminate, has been gained by growth that will surely forbid anything like arrogance even in those who are most highly favored and lead us all to accept the proffered hand as kindly as it

is lent. It is, indeed, this very sense of need that makes us kind and anxious to help; a lovable tendency, not a fault, that needs to be most carefully controlled, lest it lead us unwittingly into unfortunate and hurtful practices.

If I have not yet made my position quite secure, and have not sufficiently apologized for appearing before you, I may offer the desire to hold up to you, not in derision or even in censure, but in painful, regretful warning, the unfortunate position of my own vocation; a position into which it (pharmacy) drifted, no doubt, as innocently, as unconsciously, as you might, were you not made to understand that there is absolutely but one safe course, out of which will wreckage always be found.

Pharmacy, I believe, bears much the same relationship to medicine as does nursing. If pharmacy may not claim to be a branch of medical science it may, at least, be styled an adjunct to it, and has ever been a useful handmaiden. I have ventured, heretofore, to assert that if pharmacy is not the child of medicine, it is its creature and, as such, is inherently entitled to the benefits of the guardianship of that noble and powerful profession. I have, with respectful humility, maintained that the transgressions of pharmacy in the beginning were not sufficiently censured. Discipline is necessary, we all know, to healthy growth and should be gratefully accepted. Pharmacy in its entirety cannot be charged with failure to meet the demands of its mission; it has kept fully abreast of the times and in science and technique wins the approval and praise of medical men and the respect of the more intelligent laity; but, in its practice, the prerogatives of physicians, through counter-prescribing and the furnishing of ready-prepared medicines, have been too largely usurped and oftentimes that very desirable confidential, helpful relationship that should exist has been impaired, while the respect of the laity has been greatly lessened by extended attention to less important matters not directly connected with pharmaceutical practice.

All this may not be exactly pertinent but it offers an analogy, which it is hoped is pointed and strong enough to arrest any tendency on the part of nurses to treat the symptoms of their patients, their friends and their acquaintances, even if higher and more logical reasons or the advice of their instructors should not prevent it.

The legal responsibility of the nurse in prescribing medicines is certainly implied in the law to regulate the practice of medicine, which law seeks to restrict such offices to qualified physicians. Nevertheless, a nurse's conviction upon such a charge under that law is highly improb-

able. Should the medicine prescribed, however, produce damaging effect, the party so damaged would, of course, have cause for civil suit to recover the loss sustained. Criminal action can be brought only where recklessness or vicious intent can be shown.

While these citations may cover the extent of her responsibility under statutory law, or what is known as common law, the ethical laws of her own profession, to a conscientious and loyal votary, are far more formidable, as are the still higher laws of truth and justice; all of which are most effectively and beautifully condensed in the Golden Rule,—“Do unto others as you would have them do unto you.” Put yourself, not partially but exactly and wholly, in the positions occupied by others and proceed directly from that particular standpoint.

There are statutory laws against the prescribing, sale and use of abortifacients, and there are enactments against the *sale* of opium and its preparations, including the derivative, morphine, and cocaine, excepting upon the original written (mark, please, original and written) prescription of a registered physician, registered dentist or veterinarian; but there is no law against the purchase of these, consequently a nurse cannot be punished for *purchasing* as much morphine or cocaine as she is able to buy. Yet by inducing another to violate the law she, in turn, violates the law of good citizenship; neither is it creditable to encourage another to violate the law of his conscience. It will be well, however, to remember under what conditions it was advised by our Lord that the Fourth or any commandment might be waived.

While it would impose upon the nurse a great responsibility and would award a privilege that must needs be most carefully guarded, I believe the law should also allow the sale of hypodermic tablets of morphine, upon the order of any registered nurse, who is morally and mentally sound. In this connection, it may be stated that the sale of poisonous remedies, excepting the narcotics just mentioned, is neither prohibited nor restricted in Maryland; the registration of the purchaser's name and address, along with the purpose for which the drug is to be used, are the only conditions to be observed. As all the answers to questions may be falsely made, it is quite clear that this formality is useless and consequently seldom observed.

Very properly it may now be asked: Why all this; what so much to do about the purchase and sale of drugs and recommending them; wherein lies the harm; what the objection; who is concerned? Such question is perfectly legitimate and deserves careful answer.

The promiscuous sale of narcotics,—morphine and cocaine, especially,—should be carefully guarded because habits, uncontrollable

habits, brutalizing habits, are formed for these, whereby human beings are sadly depraved and untold misery is entailed upon their connections. This is known to you in a general way, but probably you do not understand to what extent it prevails and with what awful rapidity it has, therefore, grown. Should you not be impressed by the subject, I beg you discuss it with some neurologist in active practice or with the physicians in charge of our institutions for the care of neurotics and those mentally deranged.

A few years since, in connection with some work done then for the American Pharmaceutical Association, I secured Government statistics of the importance of these drugs, for the five years just previous, which I take the liberty of reproducing here. These very interesting figures, which show startling conditions, are as follows:

YEAR.	QUANTITIES.			VALUES.					TOTALS.	
	Opium Medicinal	Opium Smoking	Morphia and Salts	Opium Medicinal	Opium Smoking	Morphia and Salts	Coca Leaves	Cocaine and Salts	Opium and Morphia	Coca and Cocaine
	Lbs.	Lbs.	Oz.	Dol.	Dol.	Dol.	Dol.	Dol.	Dol.	Dol.
1898	72,287	117,298	25,791	162,652	791,319	35,659	53,752	56,660	989,690	113,412
1899	343,283	127,082	13,081	833,751	837,456	35,357	28,388	40,141	1,706,564	68,529
1900	537,004	129,336	26,208	1,137,762	938,524	75,274	591	112,375	2,151,560	112,966
1901	491,448	139,515	50,819	1,030,209	1,141,518	147,517	483	176,948	2,319,234	117,421
1902	548,674	163,442	38,002	1,263,369	1,190,493	96,559	254,704	2,549,421	254,704

From data secured directly from all parts of the United States it was plainly evident that *habitués* were rapidly increasing and that a conservative estimate would put the number addicted to the drug habits at no less than three in every one thousand inhabitants.

It is hoped the agitation then begun, resulting in the enactment of prohibitory laws in nearly all the states and territories, has somewhat lessened the evil but you may be assured it is still prevalent. Undoubtedly, opiates and cocaine are to be most feared, but it should be borne in mind that habits, although not so hard to break, are formed for other drugs, including sulfonal, trional, caffeine,—the latter, especially, in combination with acetanilid, as it so often appears in headache remedies. Just at this point it will be well to call your attention particularly to the fact that many of these and other potent remedies are hidden in combinations which, by you, might be considered per-

fectly innocent. I would like to emphasize this because it also offers one of the strongest reasons why nurses should not be led to recommend medicines. The nonappearance of the active ingredients in the name of a preparation is often a matter of legitimate purpose, that the patients may not know what they are taking.

You would scarcely expect to find opium a component of the compound soap pill of the British pharmacopœia, nor cocaine and nuxvomica in a compound creasote tablet. A tablet with so simple a name as "coryza" may contain any or several of the following, viz: Opium, extract of belladonna, extract of aconite, morphine sulphate, atropine sulphate, arsenic, strychnine, heroin, caffeine. "Cough" tablets may contain one or many of the following: Morphine, tartar emetic, opium, belladonna, ipecac, heroin, corrosive sublimate, aconite, pilocarpine, "any old thing." Yet coryza and cough tablets are favorite hand-arounds with some members of your profession. You may all know that rhinitis tablets contain belladonna and that those for infants, especially, also include aconite in their composition; but how many of you are able to recite the ingredients of an ordinary neuralgia pill or tablet? They are: Extracts of hyoscyamus, conium, calabar bean, opium, aconite, Indian cannabis, stramonium and belladonna—all poisons in over doses. Bromidia has in it chloral hydrate, Indian cannabis and hyoscyamus. A popular soothing syrup contains morphine; its manufacturers are compelled to so label it, in England. The popular English cough remedy, Browne's Chlorodyne, contains besides morphine, both Indian cannabis and chloroform. Morphine and chloroform are ingredients in compound syrup of white pine. White pine is entirely harmless! Caffeine and acetanilid are constituents of anti-kamnia, ammonol and nearly all of the migraine and other headache tablets, some of which also contain gelseminum, heroin, belladonna or morphine, the latter innocently hiding as a part of "Tully's powder" on the label.

It must appear, from all this, wherein the danger may lie from medicines recommended by incompetents. I will not, at length, refer to the unusual and surprising effects of remedies, resulting from the peculiar condition of the person taking them or to any idiosyncrasy. A good, plain reason, neither ethical nor philosophical, why nurses should not prescribe drugs is because they are not competent to do so,—less competent than druggists, who must, of necessity, know considerable about them but who are denied the privilege by law, by higher practice, and by a sense of right, referring, of course, to the better class of pharmacists.

Nurses should not attempt to purchase potent drugs because it greatly embarrasses and jeopardizes the position of those from whom they might buy them. It is more within the province of medical men to tell you why you stultify yourselves in attempting to treat disease.

Certainly no one outside of medicine proper should know better than nurses how difficult it is to diagnose and treat diseases,—even small ailments,—yet, this they may attempt to do when they prescribe or recommend medicines.

And who knows more than a nurse of the nonsense and absurdities of lay treatment; who is more annoyed by it? Your patient's relatives and friends; old women and senile men that visit them, know more of the treatment than ever an Osler or Alsell ever dreamed. It is amazing to realize how utterly wanting in common sense the average human being is when the taking of medicine is concerned. The prescription of their family doctor, formulated to suit a special case and a particular person, is passed around to their neighbors and friends, young and old, far and wide. If the prescription is good for grandmother, they will try to have *the druggist* reduce it for the baby! Prominent business men will take advice from anyone in a drug store, many times not being careful to know whether it be porter or errand boy that treats them.

It seems incredible that a nurse, an intelligent trained nurse, would to *any* degree take part in anything like this; that they do, only proves they are human, with the very particular tendency to which reference has been made.

Now, you probably want to know who it is that transgresses, and I am going to politely say, I will not tell. Of course, I am not going to expose my friends, but I will say as kindly as I may, that many very, very good nurses, nurses that stand well, nurses of all schools, do very injudicious things along lines about which I fear I have spoken too long.

I will ask each one who hears me or may hear of this address: "Do you know?" Let each nurse answer herself, for herself, and if the answer is, "I don't know," then let her ask almost any physician in general practice or almost any pharmacist if it is done and to what extent. I do not mean to say it is recklessly done or deliberately done. It follows often the lack of proper understanding, a lack of thought, a lack of firmness; but more frequently because of a desire to please.

I am sure I do not presume, neither do I exaggerate, when I say it happens that there is no one in this country who better understands how difficult, how almost impossible it is for you at times to refrain

from prescribing. You are requested, begged, tantalized to do so by friends and relatives, by patients and their friends and members of their families. Your ability as a nurse is questioned, you are considered mean and unaccommodating, you lose patients and friends if you refuse; and all because you will not do what you are not trained to do, what you are not competent to do, what physicians do not wish you to do, what you ought not to do, what I believe you will not do! Your reward, the compensation that right doing brings; the self-respect that higher motives produce; the respect and confidence of those whose regard is really valuable. You have undertaken a life of beautiful sacrifice—

“But you have chosen the pale white rose,
That droops in the bed of pain,
To search for it, care for it, where it grows,
And rear it to life again.”

This being so it must not be marred by inconsistency. Considering the law in the broad sense, as did St. Paul, you must study it, know it, that you may teach it to others. The material rewards you may receive will not be sufficient recompense for the good living, for the sacrifice; you must find it in higher things, in better things. What is to come I know not, but to have added a glint of brightness to the “lamp unto their feet,” to have made plainer and easier the ways of those who will follow the paths we have trod, will, indeed, be a precious treasure, a treasure which neither moth nor rust can corrupt.

